



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In application of: Thomas

Attorney Docket No.: CDTP006

Application No.: 09/655,273

Examiner:

Filed: September 5, 2000

Group: 2171

Title: SYSTEM AND METHOD FOR
PROVIDING AND UPDATING ON-LINE FORMS
AND REGISTRATIONS

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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail to: Commissioner for Patents, Washington, DC 20231 on September 11, 2001.

Signed: _____

C. Douglass Thomas

REQUEST FOR CORRECTED FILING RECEIPT

Commissioner for Patents
Office of Initial Patent Examination
Customer Service Center
Washington, DC 20231

Sir:

Enclosed is a copy of the Filing Receipt for the above-identified patent application. Please reprint the Filing Receipt as follows and mail the corrected copy to the undersigned.

Change the **Continuing Data as Claimed by Applicant** from
"THIS APPLICATION IS A CIP OF 09/458,834 12/13/1999
WHICH CLAIMS BENEFIT OF 60/152,683 09/07/1999"

to

--THIS APPLICATION IS A CIP OF 09/458,834 12/13/1999
AND CLAIMS BENEFIT OF 60/152,683 09/07/1999--

Specifically, the priority claim from the earlier provisional application is directly claimed by this application. Since this is a Patent Office typographical error, no fee should be due. However, the Commissioner is authorized to charge any fees that may be due to Deposit Account 500388 (Order No. RLC1G000).

Respectfully submitted,

C. Douglass Thomas
Reg. No. 32,947

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UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/655,273	09/05/2000	2171	354	CDTP006	13	21	3

C Douglass Thomas
1193 Capri Drive
Campbell, CA 95008

FILING RECEIPT



OC000000005488793

Date Mailed: 10/19/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

C. Douglass Thomas, Campbell, CA ;

Continuing Data as Claimed by Applicant

THIS APPLICATION IS A CIP OF 09/458,834 12/13/1999
WHICH CLAIMS BENEFIT OF 60/152,683 09/07/1999
AND

Foreign Applications

If Required, Foreign Filing License Granted 10/19/2000

** SMALL ENTITY **

Title

System and method for providing and updating on-line forms and registrations

Preliminary Class

707

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Data entry by : THOMAS, SHEILA

Team : OIPE

Date: 10/19/2000





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Bib Data Sheet

CONFIRMATION NO. 8031

SERIAL NUMBER 09/655,273	FILING DATE 09/05/2000 RULE	CLASS 707	GROUP ART UNIT 2171	ATTORNEY DOCKET NO. CDTP006
APPLICANTS C. Douglass Thomas, Campbell, CA; ** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/458,834 12/13/1999 AND CLAIMS BENEFIT OF 60/152,683 09/07/1999 ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 10/19/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY CA	SHEETS DRAWING 13	TOTAL CLAIMS 21
INDEPENDENT CLAIMS 3				
ADDRESS C Douglass Thomas 1193 Capri Drive Campbell ,CA 95008				
TITLE System and method for providing and updating on-line forms and registrations				
FILING FEE RECEIVED 354	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	